GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2851
ANSWERED ON:05.12.2007
ERADICATION OF TB
Nikhil Kumar Shri

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the assistance provided by the World Bank for eradication of TB has been found to be inadequate as reported in The Hindu dated November 12,2007;

(b) if so, the details thereof;

(c) whether there is substantial increase in the number of TB patients in the country inspite of huge investments;

(d) if so, the details thereof;

(e) the extent to which the percentage of TB patients have been cured in the country vis-Ã -vis the target fixed for eradicating TB; and

(f) the action taken by the Government in this regard?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SMT.PANABAKA LAKSHMI)

(a) No, Sir.

(b) The amount requested by the RNTCP in their Project implementation Plan for RNTCP II Project submitted to the World Bank has been approved by the World Bank and total outlay of the RNTCP II Project amounts to US $ 170 million for a period of 5 years from October, 2006 to September 2011.

(c) & (d) No Sir, on the contrary the incidence and prevalence of TB cases in the country is showing a declining trend.

The ARTI has come down from 1.7% in 2000 to 1.5% in 2003 (National ARTI survey).

The estimated incidence of all cases per lakh population has come down from 184/lakh in 2001 to 168/lakh in 2006 (WHO Global TB report).

Tuberculosis Research Centre (TRC) Chennai, has demonstrated that DOTS results in rapid reduction of TB prevalence compared to previous 30 years. In their local survey area, there was an annual decline of approximately 12% in prevalence of TB. Mortality rates due to TB have declined from 42/lakh population in 1990 to 29/lakh population in 2005. (WHO Global TB report)

(e) & (f) The Revised National TB Control Programme (RNTCP) widely known as DOTS, which is WHO recommended strategy, is being implemented as a 100% Centrally Sponsored Scheme in the entire country. The objective of RNTCP is to achieve cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases. The Revised National TB control programme has adopted and is implementing all the components of the new global Stop TB Strategy to control TB, including enhancement and expansion of quality DOTS services by means of effective supervision and monitoring; expansion of TB-HIV collaborative activities to the entire country in coordination with the National AIDS Control Programme; introduction of DOTS Plus services to diagnose and manage MDR TB; involvement of all health care providers through public-private partnership schemes under the programme and increasing awareness through need based targeted IEC activities. Under the programme, diagnosis and treatment facilities including a supply of anti TB drugs are provided free of cost to all TB patients. Medicines /Drugs are provided to the TB patients in patient wise boxes to ensure that all drugs for full course of treatment are earmarked the day one a patient is registered for treatment under the programme. Drugs are provided under direct observation of a DOT provider and the patients are monitored so that they complete their treatment. For quality diagnosis, designated microscopy centres have been established for every one lac population in the normal areas and for every 50,000 population in the tribal, hilly and difficult areas. More than 12250 microscopy centres have been established in the country. Treatment centres (DOT centres) have been established in all government hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs), and Sub-centres. In addition, NGOs, Private Practitioners (PPs), Community Volunteers, Anganwadi workers, Women Self Groups etc. also function as DOT Providers/DOT Centres to take the services as close to the residence of patient, as possible. State TB Cells and District TB Centres have been strengthened by providing key personnel on contract basis and necessary infrastructure such as four wheelers, two wheelers, fax machine, photocopier, computer and internet facilities. For effective supervision of microscopy centres and DOT centres, at the sub-district level a TB Units (TUs) have have been setup at sub-district level for every five lakh population (for 2.5 lakh people in tribal and hilly areas). At the TU level one Senior

Treatment Supervisor (STS) and one Senior Tuberculosis Laboratory Supervisor (STLS) have been provided on contractual basis who work under designated Medical Officer TB Control (MOTC) responsible for all TB control activities at sub-district level. To make the programme more accessible to larger segments of the population, and to supplement the Government efforts in this direction, emphasis is being given to also involve medical colleges, all general hospitals, Corporate hospitals, private practitioners and NGOs in the programme.

The programme is consistently achieving a treatment success rate of over 85% and the new smear positive case detection rate in 2nd quarter of 2007 was 78%. Till date, the RNTCP has placed more than 78 lakh patients on treatment thus averting more than 14 lakh deaths.